

DEPARTMENT OF SOCIAL SERVICES
744 P Street, Sacramento, CA 95814



February 20, 1990

ALL COUNTY LETTER NO. 90-19

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: JOINT AFDC AND FOOD STAMP APPLICATION FORMS AND FOOD STAMP VERIFICATION DOCUMENT

REFERENCE: ALL COUNTY LETTER NO. 89-89, DATED OCTOBER 26, 1989;
ALL COUNTY INFORMATION NOTICE I-84-89, DATED DECEMBER 11, 1989

As indicated in All County Letter No. 89-89, two provisions of the Hunger Prevention Act (HPA) were expected to be implemented April 1, 1990: (1) the joint application for AFDC and Food Stamps, and (2) a written statement of verification requirements to assist Food Stamp clients in completing the application process. This letter advises County Welfare Departments (CWDs) that the regulations will be effective April 1 and must be implemented by June 1, 1990. The June 1 date allows additional time for the implementation of revised procedures, your training of staff, and State and local reproduction of stock necessary to implement these provisions. However, CWDs may implement before June 1, if stock is available and staff training is completed.

This letter provides forms-related information concerning these provisions and transmits copies of the forms that have been finalized at this point. The implementation letter for the regulation package will be transmitted at a later date.

The following forms implement the provisions outlined above:

Joint Application for AFDC and Food Stamps

- o (SAWS 1) Coversheet (4/90) CA 1/DFA 285-A1
- o (SAWS 1) (4/90) CA 1/DFA 285-A1, Application for Cash Aid, Food Stamps, and/or Medical Assistance
- o (SAWS 2A) (4/90) (Important Information) CA2/DFA 285-A2/MC 210, the rights and responsibilities document, which is to be used with, but is separate from, the JA 2
- o (JA 2) (4/90) CA2/DFA 285-A2, Statement of Facts, Cash Aid and Food Stamps

Verification Document

- o FS 8 (4/90), Important Information About Required Verifications in the Food Stamp Program

Advance Copies of the Forms

This letter transmits advance copies of the SAWS 1 Coversheet, SAWS 1 and the SAWS 2A, and FS 8. Camera-ready copies of these forms are available now (see "Stock Ordering" below). We expect to transmit an advance copy of the JA 2 in March. Reproducible copies of the Asian translations of all the forms (Vietnamese, Chinese, Lao and Cambodian) will be forwarded when available.


Stock Ordering

Since revisions to the forms are anticipated within a few months following the June 1 implementation date, CWDs should limit their initial stock orders/printing to a three or four month stock level.

CWDs that print their own stock may obtain a camera-ready copy of the English and Spanish language version of the SAWS 1, SAWS 1 Coversheet, the SAWS 2A and the FS 8 from Nancy Ward, Forms Management Unit, 916-323-8738 or ATSS 473-8738. English language stock of these forms may be ordered from the State Department of Social Services Warehouse the first week in March according to the normal procedures contained in the County Forms Catalog. We will advise you when the FS 8, JA 2 and all Spanish language stock will be available.

Please note that the CA 1, Application for Cash Aid, and CA 2, Statement of Facts for Cash Aid, will be obsoleted when the joint application forms are implemented. This decision was made after input from several County advisory groups. However, CWDs have the option of continuing to use the DFA 285-A1, Application for Food Stamps-Part 1, and DFA 285-A2, Application for Food Stamps-Part 2, for Food Stamp Only cases or using the new joint application forms. CWDs may need to adjust the suggested stock levels of the CA 1, CA 2, DFA 285-A1 and DFA 285-A2 as outlined in ACIN I-84-89, which projected the April 1 implementation.

Please contact Elizabeth Allred, AFDC and Food Stamp Policy Implementation Bureau at 916-323-4954 or ATSS 473-4954, if you have any questions about this letter. Additionally, Counties printing their own stock may also contact either Ms. Ward or Ms. Allred to obtain information about formatting of the forms.



ROBERT A. HOKEL
Deputy Director

Attachments

cc: CWDA

COVERSHEET TO THE APPLICATION FOR CASH AID, FOOD STAMPS, AND/OR MEDICAL ASSISTANCE

You can apply for cash aid, food stamps, and/or full or restricted medical assistance at any time during business hours. To apply, complete Items 1-7 on the attached form, sign the Certification Section (Item 15), and give the form to the welfare office. Applicants for restricted medical assistance do not need to complete Item 1B. Before you can get aid or benefits, you must give facts during your eligibility interview. The county may also ask you to give facts on a written Statement of Facts. You must also complete all eligibility rules; the county will tell you what these rules are. If you need benefits right away, you may be able to get:

- an Aid to Families with Dependent Children (AFDC) immediate need payment within one working day
- an AFDC homeless assistance payment today
- food stamps within three days
- medical assistance as soon as you are approved. (You may need to meet your share of cost first.)

AFDC IMMEDIATE NEED

You can get an AFDC Immediate Need payment up to \$100, if you appear to be eligible for cash aid AND you do not have enough income and liquid resources to pay for your needs while we work on your application. The other side of this page tells you what we mean by income and liquid resources. These needs can be for:

- Food - Clothing - Medical Care
- Rent/mortgage payments or Utility bills which are due
- Other expenses for basic needs which can't be put off

Before you can get an AFDC Immediate Need payment, complete Sections A and B, and give us all the facts we ask for during your eligibility interview. We'll tell you if you need to complete a written Statement of Facts. You may need to meet all eligibility rules, such as: giving us Social Security Numbers, registering for work, applying and accepting any income which may be available to you, cooperating with the district attorney regarding child and spousal support, etc.

AFDC HOMELESS ASSISTANCE

If you appear to be eligible for AFDC and are homeless, tell us you want to apply for homeless assistance.

FOOD STAMPS EXPEDITED SERVICE

To get food stamps within three days, your household must be eligible for the Food Stamp Program AND HAVE

- no place to live or temporary housing,

OR

- rent or mortgage and utility costs that are more than your liquid resources and this month's income before deductions (see the other side of this page for what we mean by income and liquid resources),

OR

- no more than \$100 liquid resources and less than \$150 income for the month before deductions,

OR

- no more than \$100 liquid resources and at least one member who is a migrant or seasonal farmworker.

Before you can get food stamps within three days, complete Sections A and B and give us all the facts we ask for during your eligibility interview and give us proof of your identity. We'll tell you if you need to complete a written Statement of Facts or if we need more proof so we can give you more than one month's benefits.

MEDICAL ASSISTANCE

If you have a medical emergency or are pregnant AND want medical assistance as soon as possible, complete Sections A and Items 8, 9, and 10 in Section B. You must also give all the facts we ask for during your eligibility interview and complete all eligibility requirements. We'll tell you if you need to complete a written Statement of Facts.

TURN PAGE OVER TO GET MORE INFORMATION

WHAT WE MEAN WHEN WE SAY:

- You, Anyone, Everyone: any and all persons who live in your home and are applying for cash aid, food stamps, and/or medical assistance. When we need information about the other persons in your home, we will ask you.
- Cash Aid: AFDC (Aid to Families with Dependent Children), RDP (Refugee Demonstration Project), ECA (Entrant Cash Assistance).
- Food Stamps - benefits for low income households to help buy the food you need for good health.
- Food Stamp Expedited Service - food stamps within 3 days if you are eligible for faster service.
- Medical Assistance - Medi-Cal or any county medical coverage.
- Restricted Medical Assistance - emergency and pregnancy related care only.

- Applicants for restricted Medi-Cal don't have to give their Social Security Number, place of birth, citizen/alien status, or alien registration number.
- Disqualified - you will not get aid or benefits for a period of time.
- Income - money received or expected, such as:

- earnings, welfare, child support, SSI or Social Security, pension or retirement payments
- unemployment (UIB), state disability (SDI) or other disability, veterans payments
- strike funds, payments from roomers, school grants and loans
- cash gifts, cash winnings, any other cash payments.

- Liquid Resources - other money, such as:
- cash on hand, uncashed checks, money in checking accounts, savings accounts; or savings certificates;
- trust deeds, notes receivable, stocks or bonds, etc.
- Utilities: gas, electricity, heating fuel, telephone (basic rate), utility installation, garbage and trash pickup, water, sewerage, etc.

OTHER THINGS YOU SHOULD KNOW:

- You can apply for cash aid and food stamps at the same time and have only one interview for both.
- You can ask for help to complete the attached form.
- If you receive too much cash aid, food stamps, or medical assistance, even if it is the county's fault, you will have to pay it back and/or your benefits may be lowered or stopped. Also, if on purpose you give wrong facts or don't report all facts or situations which affect eligibility and aid payments, you may have to pay fines and/or go to jail/prison. Food stamp recipients can also be disqualified for six months, twelve months or permanently.

- FOOD STAMPS - If you are eligible for food stamps, we will figure your benefits from the first date you apply. You can apply for food stamps the first day you contact the County Welfare Department. All you have to do the day you apply is give us your name and address (item 1), tell us you want food stamps (item 2), and sign the application (item 15).

But you still have to

- fill out section A to apply for cash aid and medical assistance
- fill in item 1G and Section B if you want food stamp expedited service
- fill out Section B if you need an AFDC immediate Need Payment or items 8, 9 and 10 of Section B if you want medical assistance as soon as possible
- give us all the facts we ask for during your eligibility interview and complete all eligibility requirements before you can get cash aid, food stamps, or medical assistance.

- SOCIAL SECURITY NUMBER - Federal rules say that you must give us the social security number (SSN) for each applicant for cash aid, food stamps and/or full Medi-Cal assistance. If you refuse to give us either an SSN or proof of application for an SSN, you will be disqualified from getting aid or benefits.

We computer match SSN(s) against records from tax, welfare, employment, the Social Security Administration and other agencies to be sure you are reporting all your income and resources. We may check out differences with employers, banks, and/or others. We also use the facts you give us to figure eligibility, benefits, and to be sure that you are not getting aid in more than one case.

APPLICATION FOR CASH AID, FOOD STAMPS, AND/OR MEDICAL ASSISTANCE (SAWS 1)

Before completing this application, read the Coversheet.

| SECTION A - APPLICANT INFORMATION | | | | COUNTY USE ONLY | |
|--|--|--|--|-----------------|---|
| 1 A. Name of Applicant (First Middle Initial Last) | | | B. Social Security Number (SSN) (APPLICANTS FOR RESTRICTED MEDICAL BENEFITS DON'T NEED TO GIVE AN SSN) | | COUNTY OF APPLICATION |
| C. Maiden or Other Name (If Any) | | | | | Co of Residence (If Diff) |
| D. Home Address: Number Street City Zip Code | | | | | Date Received |
| E. Mailing Address (If different from above) City Zip Code | | | | | |
| F. Telephone Number(s): Home Work Message | | | | | |
| G. Is your home address permanent? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> No Home If no home, tell us where you live. | | | | | Homeless |
| 2. Is anyone applying for Cash Aid <input type="checkbox"/> YES <input type="checkbox"/> NO Food Stamps <input type="checkbox"/> YES <input type="checkbox"/> NO Medical Assistance <input type="checkbox"/> YES <input type="checkbox"/> NO | | | Any Other Program(s)? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, Explain: | | ES <input type="checkbox"/> YES <input type="checkbox"/> NO AEDC HA <input type="checkbox"/> YES <input type="checkbox"/> NO CA 42 <input type="checkbox"/> |
| 3. Has anyone ever asked for or gotten aid anywhere: If YES, explain: Under what name, where, when and type(s) of aid: | | | <input type="checkbox"/> YES <input type="checkbox"/> NO | | |
| 4. Does anyone have a personal emergency: If YES, What Kind? <input type="checkbox"/> Medical <input type="checkbox"/> Pregnancy <input type="checkbox"/> Child Abuse <input type="checkbox"/> Spousal Abuse <input type="checkbox"/> Elderly Abuse <input type="checkbox"/> Other (Explain): | | | <input type="checkbox"/> YES <input type="checkbox"/> NO | | <input type="checkbox"/> Referral Date: |
| 5. Is anyone a migrant or seasonal farmworker? If YES, Who? | | | <input type="checkbox"/> YES <input type="checkbox"/> NO | | |
| 6. Is anyone pregnant? If YES, Who? | | | <input type="checkbox"/> YES <input type="checkbox"/> NO | | |
| 7. The law says we must get your ethnic group and primary language. If you don't want to complete these items, the county will do it for you. This won't affect your eligibility. | | | | | Ethnic Group: _____ |
| a. Ethnic Group - <input type="checkbox"/> White (not Hispanic) <input type="checkbox"/> Hispanic <input type="checkbox"/> Black (not Hispanic) <input type="checkbox"/> Filipino <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian/Pacific Islander (Explain) _____ | | | | | Primary Language: _____ |
| b. Language - <input type="checkbox"/> English <input type="checkbox"/> Chinese <input type="checkbox"/> Lao <input type="checkbox"/> Filipino (Tagalog) <input type="checkbox"/> Amstlan <input type="checkbox"/> Spanish <input type="checkbox"/> Cambodian <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Non-English (Explain) _____ | | | | | Bills Owed \$ _____ |
| | | | | | Shelter costs \$ _____ |
| | | | | | Income/Resources \$ _____ |
| SECTION B - COMPLETE ALL QUESTIONS FOR AFDC IMMEDIATE NEED AND/OR FOOD STAMP EXPEDITED SERVICE. COMPLETE QUESTIONS 8, 9, AND 10 IF YOU NEED MEDICAL ASSISTANCE AS SOON AS POSSIBLE. | | | | | |
| 8. How much liquid resources does everyone have? <input type="checkbox"/> Cash, Uncashed checks or Money Orders \$ _____ <input type="checkbox"/> Checking/savings or credit union account(s) \$ _____ <input type="checkbox"/> Trust deeds, notes receivable, stocks or bonds \$ _____ <input type="checkbox"/> Other (Explain) \$ _____ | | | 10. Has your only income stopped? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, When? _____ | | Screened for ES? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| | | | 11. How much is your rent or mortgage this month? \$ _____ Are they due? <input type="checkbox"/> YES <input type="checkbox"/> NO | | Disp of IN Request: <input type="checkbox"/> Denied/NOA prep. <input type="checkbox"/> Approved <input type="checkbox"/> CA approved |
| | | | 12. How much are your utilities that are not included in your rent this month? \$ _____ Are they due? <input type="checkbox"/> YES <input type="checkbox"/> NO | | TYPE OF APPLICATION |
| 9. How much income did everyone get or will get this month? \$ _____ Date _____ \$ _____ Date _____ \$ _____ Date _____ | | | 13. Does anyone need food, clothing, medical care or other items which you can't put off? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, explain: | | <input type="checkbox"/> CA <input type="checkbox"/> ES |
| | | | 14. Do you want an AFDC Immediate Need Payment? <input type="checkbox"/> YES <input type="checkbox"/> NO | | <input type="checkbox"/> AFDC <input type="checkbox"/> Initial <input type="checkbox"/> RCA <input type="checkbox"/> Recert <input type="checkbox"/> RDP <input type="checkbox"/> Retro <input type="checkbox"/> ECA |
| | | | | | MA <input type="checkbox"/> Full <input type="checkbox"/> Restricted <input type="checkbox"/> _____ |
| CERTIFICATION AND PERJURY STATEMENT | | | | | |
| • I certify that I have been given a copy of the coversheet. I understand and agree that I have to comply with eligibility rules, some of which I may be asked to do before any aid can be given. I understand that the statements I have made on this form may be checked and verified. • I declare under penalty of perjury under the laws of the United States of America and the State of California that the information I have given on this form is true, correct, and complete. | | | | | |
| 15. Signature (or Mark) of Applicant or Authorized Representative | | | Date Signed | | Case Name |
| Signature of Witness to Mark or Interpreter | | | Date Signed | | Case Number |

IMPORTANT INFORMATION FOR CASH AID, FOOD STAMPS, AND MEDICAL ASSISTANCE APPLICANTS AND RECIPIENTS

These pages give you important information, including your rights and responsibilities. If you need more information or have questions, ask your worker. The county needs your facts to see if you are eligible for cash aid, food stamps, and/or medical assistance and to figure how much you will get if you are eligible.

Cash Aid Includes

- AFDC (Aid to Families with Dependent Children)
- RCA (Refugee Cash Assistance)
- ECA (Entrant Cash Assistance).

YOUR RIGHTS

- To be treated fairly without regard to race, color, national origin, religion, political affiliation, marital status, sex, handicap, or age. You may file a complaint if you feel you have been discriminated against by speaking with your County's civil rights representative or by writing to the

State Civil Rights Bureau
744 P Street, MS 16-34
Sacramento, CA 95814
- You may also file by calling collect (916) 322-4134 or for the hearing impaired toll-free 800-952-8349.
- To be treated with courtesy, consideration and respect.
- To be interviewed promptly by the county when you apply and to have your eligibility determined within 45 days for cash aid and medical assistance (or 60 days for Medi-Cal if proof of disability is required) and within 30 days for food stamps.
- To discuss your case with the county.
- To ask for cash aid or food stamps right away if you have an emergency or are homeless or are in temporary housing. If we think you might be eligible, you will get an interview for cash aid within one working day and within three days for food stamps. You can apply for these services any time during the application process, even if you have been turned down before.
- To get medical assistance as soon as possible if you have a medical emergency or are pregnant.

- To ask for help to complete your application or any other cash aid, food stamp, or medical assistance form.
- To ask for forms and notices to be translated if you don't read English.
- To continue getting cash aid or Medi-Cal benefits without a break if you move from one county to another if you stay eligible.
- To be told the rules for retroactive medical assistance eligibility.
- To lower any current Share of Cost you may have by giving the county past unpaid medical bills you still owe, when you apply for Medi-Cal.
- To choose prepaid health plan (PHP) coverage (if available) or Medi-Cal when eligible for medical assistance.
- To ask to have your food stamps or Medi-Cal I.D. card, food stamp authorization document or issuance card, or food stamps replaced if lost in the mail, damaged, stolen or destroyed.
- To ask for extra money if your income drops or stops (Cash Aid Program Only).
- To ask for replacement of household items which are lost, damaged or otherwise unavailable due to sudden and unusual circumstances (Cash Aid Program Only).
- To be given a written notice when your application is approved, denied, or when your benefits change or stop.
- To have your records kept confidential by the county and state, unless you are getting cash aid AND there is an outstanding felony arrest warrant.
- To file a complaint. To ask for a state hearing within 90 days of any action if you think the action is wrong. You can write to your county welfare department or call toll free 1-800-952-5253 or for the deaf (TDD) 1-800-952-8349.
- To be represented at a state hearing by yourself or by a household member, friend, attorney, or other person.

YOUR RESPONSIBILITIES

- To cooperate with county, state and federal staff.
- You may not get benefits or your benefits may be stopped if you don't cooperate.
- To follow cash aid and/or food stamp work and training rules. You may not get benefits or your benefits may be stopped if you don't cooperate.

CASH AID AND MEDI-CAL

- To apply for any benefits or income anyone is eligible to get, such as: Unemployment or Disability benefits, Veterans benefits, Social Security or Supplemental Security Income (SSI), Medicare, etc.

MEDI-CAL

- To sign and date your Medi-Cal card when you get it and to use it only to get necessary health care services.
- To take the Medi-Cal card to your medical provider when you or a family member is sick or has an appointment.
- To take the Medi-Cal card to the medical provider who treated you or your family member(s) in an emergency situation as soon as possible after the emergency.
- To tell the county and any health care provider of any health care coverage/insurance you or a family member have or are entitled to.
- To tell the county if you or a family member has a change in health care coverage/insurance.
- To report to the county and the health care provider when you receive health care services that result from an accident or injury caused by some other person's action or failure to act.
- To use any of the following health care insurance plans you have before using Medi-Cal, unless the plan does not offer the Medi-Cal service needed: Kaiser, Blue Cross, CHAMPUS, and/or Ross-Loos; or any other healthcare plans/insurance identified by the county or the State of California. You need to because Medi-Cal will not pay for any service paid for and/or provided by these medical insurance plans.

ALL PROGRAMS

- To sign under penalty of perjury that each member applying for Cash Aid, Food Stamp or full Medi-Cal benefits is a U.S. citizen, national or lawful alien resident, except for applicants for restricted Medi-Cal benefits. (This is required by Section 1137 of the Social Security Act, Section 402(a)(25) for cash aid, 7 U.S. Code Section 2025E for food stamps; and 22 Cal. Code of Reg. Section 50187 for medical assistance.)
- Social Security Number - To give us the Social Security Number (SSN) for each applicant for cash aid, food stamps and/or full Medi-Cal. Anyone who refuses to give either an SSN or proof of application for an SSN will be disqualified from getting aid or benefits, except applicants for restricted Medi-Cal benefits.

The SSNs will be used in a computer match to check income and resources with records from tax, welfare, employment, the Social Security Administration and other agencies. Differences may be checked out with employers, banks or others. Making false statements or failing to report all facts or situations which affect eligibility and aid payments for the Cash Aid, Food Stamp and Medical Assistance Programs may result in repayment of benefits and/or criminal or civil action.

- To report changes. Most clients must turn in a periodic status report. Cash aid clients must also report all changes within 5 days. Medical Assistance Only and some food stamp households must report changes within 10 days.

Your worker will tell you how, what and when to report. If you're not sure how to report changes, what changes to report, or what proof we need, ask your worker.

- To give proof or more facts when we ask. If you can't get proof, to give the name of some other person or agency we may contact to get it. We will help you get proof when you can't get it. **Applicants for restricted Medi-Cal benefits are not required to give a SSN, place of birth, or citizen/allen status.**

IMPORTANT NOTICE

CASH AID LUMP SUM NOTICE

If you receive lump sum income in the future, you may lose your federal cash aid. Read this notice so that you will know about the lump sum rule.

Lump sum income is money you may get just one time or only once in a while. Lump sums can be past due Social Security, Workers' Compensation or personal injury court awards, lottery winnings, inheritances and the like. There are now very few exceptions.

If you get lump sum income while you are on aid, you will have to live on that money instead of your cash aid. The more you get, the longer you will have to live on it. You will not be able to get federal cash aid even if you have used up the lump sum money before your cash aid can start again.

Here is how the lump sum rule works. We will divide the amount of your lump sum income by the maximum cash grant for your family. So if, for example, you get aid for yourself and two children, and if you get a lump sum of \$6,940, you won't be able to get federal cash aid for 10 months (\$6,940 divided by \$694, the maximum aid grant for a family of three).

There is a state program that does not have the lump sum rule. If your federal cash aid stops for more than one month because of the lump sum rule, this program may help you if you are otherwise eligible. However, you can only get cash aid under this state program for three months a year.

If you receive lump sum income during a month when you are not on cash aid, then the lump sum rule may not apply. In that case, you could reapply for federal cash aid once you had less than \$1,000.

To avoid problems, don't spend a lump sum until you talk to your worker.

If you have any questions, contact your worker for more information. You may also contact your Legal Aid Office.

OTHER IMPORTANT INFORMATION

TRANSITIONAL CHILD CARE

The Transitional Child Care (TCC) Program may help you pay your child care costs for one year after you are ineligible for AFDC.

If you go off AFDC due to more earnings, loss of the income disregards from your earned income, or more hours of work, you may be able to get TCC. Also, you have to get AFDC three out of the last six months before you become ineligible for AFDC. You must work and pay child care costs for a child under 13 years; or have an incapacitated child or child under court supervision who needs care. If your AFDC is stopped for one of the above reasons and you want TCC, ask your worker.

CASH AID AND FOOD STAMP WORK AND TRAINING RULES

You may need to take part in work, training or educational activities. Your worker will look at your facts to see if the rules apply to you. Your worker will tell you what you need to do before and after your application is approved.

WORK REGISTRATION

If the cash aid and food stamp rules apply to you, you will be registered for work, except for some Cash Aid clients who will be told how to register with the Employment Development Department (EDD).

If you are registered for work, you must:

- Keep appointments made by your worker.
- Answer questions about your job experience and ability to work.
- Go to training or education when we tell you to.
- Do job search when we tell you to.
- Check on possible jobs when we tell you about them.
- Take a suitable job if it's offered to you.

PENALTIES

If you don't follow the work and training rules, and don't have a good reason, we may:

- Deny your application(s).
- Stop your medical assistance.
- Change the amount of benefits you get.
- Disqualify Food Stamp clients from getting food stamps for two months.

If someone joins your food stamp household who has been disqualified because they didn't follow the work rules, your food stamp household may be disqualified for up to two months.

FOOD STAMP VOLUNTARY QUIT

If you apply for or get food stamps and quit your job without a good reason, your household may be disqualified for three months. And if someone else who quits a job without a good reason joins your household, your household may be disqualified for up to three months.

MEDI-CAL ONLY SPENDING DOWN EXCESS PROPERTY

If you get or apply for Medi-Cal Only and you have more property than the rules allow, you may lower it by the last day of any month, including the month of application. You may spend your excess property in any manner you. But you may not be eligible for a period of time if you sell or give away any property for less than its worth, and you

- entered a long term care facility on or after September 30, 1989; AND
- applied for Medi-Cal on or after January 1, 1990.

RESOURCES AND PROPERTY

- All Medi-Cal benefits received after age 65 must be repaid by the estate of a Medi-Cal beneficiary after his/her death if there is no surviving spouse, minor children or totally disabled children, unless it would be a hardship to any other heirs. (See Sections 215 and 9202 of the Probate code and Section 14009.5 of the Welfare and Institutions Code.)
- The State may record a lien against your property to repay the cost of medical care covered by Medi-Cal. (See Section 14006(b) of the Welfare and Institutions Code.)

AFDC ONLY AID UNDER THE FEDERAL AFDC-U PROGRAM

If you are applying for Federal AFDC-U (unemployed parent), the county will pick a principal earner (PE). The PE is the parent who has the most earnings in the past 24 months. To be eligible for AFDC-U, the PE must have a connection with the labor force or have been able to get UIB in the past 12 months. During your eligibility interview, tell us about all work history for any parent living in the home. Tell us about all work even part-time, farm labor, odd jobs, any work in other countries, etc. Tell us about any month in which anyone was in WIN, WIN-Demo, CWER or GAIN programs.

FOOD STAMP ONLY STANDARD UTILITY ALLOWANCE (SUA)

If you are billed for heating and/or cooling costs that are not included in your rent or mortgage payment, you may be eligible for the State Standard Utility Allowance (SUA). The SUA is one deduction for all of your eligible utility costs. If your utility bills are more than the SUA, you can ask the county to use your actual utility costs. You may switch between actual and the SUA at recertification and one other time during each 12 month period. If you have other utility costs but your heating or cooling costs are included in your rent, your benefits will be figured on your actual utility costs. Ask the county to check your facts to see if you are eligible for the SUA.

FOOD STAMP DISQUALIFICATION PENALTIES

Failing to follow these food stamp rules may result in a finding of intentional program violation (IPV). The penalties can result in fines up to \$10,000, imprisonment up to 5 years, and/or disqualification from the Food Stamp Program.

Disqualification means not being able to get food stamps for a period of time. The disqualification penalties are 6 months for the first violation, 12 months for the second violation, and permanent disqualification for the third violation. These penalties start after a state hearing or court of law finds that an individual committed IPV. Also, anyone who is accused of committing an IPV may agree to be disqualified by signing either a Disqualification Consent Agreement or an Administrative Disqualification Hearing Waiver. Anyone who signs one of these documents accepts responsibility to repay any overissuance.

Don't report all facts or give wrong facts to get or keep getting benefits, you can be legally prosecuted with penalties of a fine and/or imprisonment. You commit a felony if more than \$400 is wrongly paid out for cash aid, food stamps, or medical services because you didn't report all of your facts or changes in income, property or family status.

If your household receives food stamps, it must follow these rules:

- Don't give wrong or incomplete facts to get or keep getting food stamps.
- Don't trade or sell food stamps Authorization Documents (ADs) or issuance cards.
- Don't alter ADs or issuance cards to get food stamps you are not entitled to get.
- Don't use food stamps to buy ineligible items such as alcoholic drinks or tobacco, paper or cleaning products.
- Don't use someone else's food stamps, ADs or issuance cards for your household.

FOOD STAMP ONLY

CERTIFICATION

I certify that I have received "Important Information for Cash Aid, Food Stamps, and/or Medical Assistance", (SAWS 2A) CA 2/DFA 285-A2/MC 210. I understand my rights and responsibilities; I agree to comply with my responsibilities. I also understand the penalties for giving wrong or incomplete facts, or failing to report facts or situations which may affect my eligibility, cash aid payment level, and/or my Medi-Cal share of cost.

If I am applying for Medi-Cal Only, the contents of the ☐ MC005 ☐ MC007 have been explained to me and I have been given copies of the form(s) ☐ NOT APPLICABLE ☐ (INITIAL)

Signature (Parent or Caretaker Relative, Food Stamp Household Member or Authorized Representative, or Medical Assistance Applicant/Recipient) _____
Date _____

Witness, if You Signed With An "X" _____
Date _____

I certify that the applicant/recipient has been given a copy of the of "Important Information for Cash Aid, Food Stamps, and/or Medical Assistance", (SAWS 2A) CA 2/DFA 285-A2/MC 210. The applicant/recipient appears to understand his or her rights and responsibilities, and the penalties for giving wrong or incomplete facts, or for failing to report facts or situations which may affect eligibility, aid payment level, and/or his/her Medi-Cal share of cost.

I have explained to the applicant for Medi-Cal Only, the contents of the ☐ MC005 ☐ MC007 and have given copies of the form(s) to him/her. ☐ NOT APPLICABLE ☐ (INITIAL)

I've given the applicant(s) a copy of the Cash Aid Lump Sum Notice

☐ NOT APPLICABLE ☐ (INITIAL)

| | | |
|--------------------------------|-----------------------------|------|
| Eligibility Worker's Signature | Eligibility Worker's Number | Date |
|--------------------------------|-----------------------------|------|

IMPORTANT INFORMATION ABOUT REQUIRED VERIFICATIONS IN THE FOOD STAMP PROGRAM

SAVE THIS NOTICE

Verifications are proof (such as identification cards, wage stubs, receipts, bills, etc.) that you need to show us. The following list has some of the most common examples you may need to give us so we can figure your eligibility and benefit amount. You must give us proof anytime you have a change or anytime what you tell us is questionable, out-of-date or incomplete. You may not need to give us all the items on the list; your eligibility worker will tell you what is needed. If you need help in getting any proof, the county will help you get the proof and/or tell you if there is some other way you can show proof. Please bring the proof that applies to you to your interview.

Proof of Identification

- Department of Motor Vehicles driver's license or identification (ID) card or any other ID card with your picture on it.
- Other ID for work, school, health benefits, or for another public assistance program.
- Social security number (SSN) card or other document with your SSN.
- Voter registration card, birth certificate or baptismal certificate, etc.

Proof of Application for Social Security Number

- SSN card OR proof of application for an SSN for each household member who doesn't already have an SSN.

Proof of Alien Status (one of the following)

- Alien Registration Card (green card), Refugee Information Form, Arrival-Departure Card.
- Citizenship papers.
- Other Immigration and Naturalization Service (INS) papers that show your current status.

Proof of Property

- Statements/passbooks that verify current checking/savings account balances in banks, credit unions, savings and loan associations, etc.
- Motor vehicle registration papers or receipts for automobiles, boats, trailers, motorcycles, mobile homes, etc.
- Papers that show what the property is, its worth, who it belongs to, etc.

SEE THE OTHER SIDE OF THIS FORM FOR OTHER EXAMPLES.

Proof of Income

- Payroll check stubs that show name of employer and person who worked, gross amount of pay before deductions, dates of pay period, etc.
- Papers that show where the money came from, the amount, the person who got or will get the money or benefit, and what period of time it's for; such as copies of checks or award letters, loan papers, etc.

SEE THE OTHER SIDE OF THIS FORM FOR OTHER EXAMPLES.

Proof of Shelter Costs/Expenses (billed to you)

- Housing - bills/receipts for
 - rent, house/mortgage payments.
 - insurance and property taxes, if not part of your house payment.
- Actual Utility Costs - bills/receipts (if not included in your rent) for
 - gas, electricity, telephone, utility installation.
 - garbage and trash pickup, water, sewage, etc.
- Standard Utility Allowance (SUA) - bills/receipts
 - for heating or cooling costs that show you are billed separately from your rent or mortgage payment.
 - or signed agreement showing that the amount you are charged is based upon a meter that shows how much gas or electricity you use each billing period.
 - for wood or other fuel used for heating or cooling.

SEE THE OTHER SIDE OF THIS FORM FOR WHAT WE MEAN WHEN WE SAY ACTUAL UTILITY COSTS AND STANDARD UTILITY ALLOWANCE (SUA).

- Shared Housing or Utilities - bills/receipts
 - or other papers that show what was paid or owed, and which costs each person paid/owed.

Proof of Allowable Dependent Care Costs - bills/receipts

- that show the name of the person who gave the care, name of the person cared for, cost of the care, and the name of the person who paid for the care.

SEE THE OTHER SIDE OF THIS FORM FOR WHAT WE MEAN WHEN WE SAY ALLOWABLE DEPENDENT CARE.

SEE OTHER SIDE FOR MORE INFORMATION

After your eligibility interview the county will tell you what to show if you need to show other proof for such things as, but not limited to, proof of:

residency

Citizenship

Household Composition

Eligible Educational or Training Costs

Inability to work due to mental or physical unfitness

Severe Disability

Medical Expenses (if elderly or disabled)

Cooperation with Work and Training Requirements (Some households will need proof of going to work assignments or training, to job contacts, or on job searches.)

WHAT WE MEAN WHEN WE SAY:

Property - cash or other items belonging to you and to anyone living with you that can be changed to cash, such as, but not limited to the following:

- Cash on hand or elsewhere, and investments, stocks, and bonds.
- Checking accounts, savings accounts in banks, credit unions, savings and loan associations, etc.
- Real estate, other than the home you live in.
- Income tax refunds.
- Winnings from bingo, lottery, prizes, etc.
- Trust funds, stocks, bonds, and certificates.
- Notes, mortgages, deeds, sales contracts.
- Oil, mining, or mineral rights.
- Retirement funds that you can get if you stop work.
- Other retirement funds, such as IRAs or Keogh Plans, etc.
- List of safety deposit box contents.
- Life insurance and burial policies that show the cash surrender value.

Income - money you get from any source, such as, but not limited to the following:

- Employment, such as full-time, part-time and self-employment (including hobbies).
- Training, such as Work Study, JTPA, GAIN, or other program that may include a training allowance.
- Student grants and loans.
- Welfare, such as AFDC (Aid to Families with Dependent Children), RCA (Refugees), or GA/GH (General Assistance).
- State benefits such as UIB (unemployment insurance) and DIB/SDI (disability insurance benefits/state disability insurance).
- Workers compensation.
- Child or spousal support and alimony.
- Social Security Administration, such as supplemental security income/state supplementary program (SSI/SSP); other disability or retirement or survivors.
- Veterans Administration, such as disability or GI Bill.
- Military allotment or pension.
- Railroad disability or retirement.
- Other disability, retirement or pension from a private or federal, state, or local government agency.
- Roomers and boarders.
- Loans, gifts, and contributions.
- Income from rental property.

Actual Utility Costs - actual costs for your utilities (up to the maximum allowable deduction).

Standard Utility Allowance (SUA) - a monthly amount for all your utilities if you are billed for heating or cooling costs apart from your rent or mortgage payment. AND if you are billed for gas or electricity, your charges must be based upon a meter that shows the amount of gas or electricity used.

Allowable Dependent Care Costs - actual monthly costs for the care of a child or other dependent, if working, looking for work or going to training or school to prepare for work (up to the current maximum).